MARYLAND STATE DEPARTMENT OF HEALTH

	0	4	8	6	3
line 1					

CI	00	1		/
Reg. Dist.	No.	/	6	0

DURATION

		TE OF DEATH Reg. Dist. No.			
I. PLACE OF DEATH: County Garrett City or town MCHenry, Machine City or town limit How long in above place of death? Lithospital, institution, or street address where deal How long in hospital or institution?	ife time	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Garret City or town McHenry, Maryland. (If outside city or town limits, write RURAL and g Sireet No. (If rural, give LOCATION) 2.(a) If veleran, name war.	ive nearest town)		
3. (a) FULL NAME	24	3. (b) Social Sec			
Mrs. Mary/Ga	albreath.	No			
4. Sax 5. Color or race Female White	6.(a) Single, married, widowed, or divorced Widow.	MEDICAL CERTIFICATION 20. DATE OF DEATH. May 31st, 1946 19.	N A.M		
9. Birthplace. McHenry, M. (Town, country) 10. Usual occupation. House 11. Industry or business 12. Name Jesse Glotfe 13. Birthplace McHenry,		Immediate cause of death	6 ay 19		
16. Informant Mr. Samuel	many, Maryland. J. Teets. Maryland. Oate thereof June 2d/46 (month) (day) (year) ville Cemetery	Major findings of operations	harged statistically.		

RECEIVED

JUN 5 1945

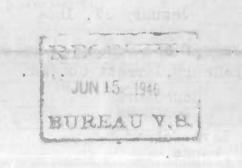
BUREAU V.K.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bl-6)

CERTIFICATE OF DEATH

I. Place Gallett	(For newborn infants give residence of mother)			
City or town. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State Maryland County Garrett City or town Rural - Swanton (If outside city or town limits, write RURAL and give nearest town)			
Hospilal, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)	•••••		
How long in hospital or institution?	2.(a) if veteran, name war			
3.(a) FULL NAME Mary Catherine Glotfelty	3. (b) Social Security N None	umber		
4. Sex Female White G.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20, DATE DF DEATHMay 12,1946	6:10p _w		
6.(b) Name of husband or wife Calvin Herbert Glotfelty 7. Birth date of January 17, 1864	21. I CERTIFY that death occurred on the date above stated; that I atlended deceas 12-1-14 19 19 19 19 19 19 19 19 19 19 19 19 19	1819		
8. AGE: Years Months Days If less than one day 82 3 25 hrsmin.	Immediate cause of deathCorobral Homorrhage	DURATION8days		
9. Birthplace (Town, county, and state) Housework 10. Usual occupation Own Home	Due to	5 years		
11. Industry or business 12. Name	Other conditions			
14. Maiden nam Elizabeth Hoope 15. Birthplace Penna.	(Include pregnancy within 8 months of death) Major findings of operations			
Mrs. John Mellinger Swanton, Md.	Autopsy results	g = ccc gc cccg cc ccccc ***************		
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Deer Park Cemetery Deer Park, Garrett Co., Md.	22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide	(State)		
18. Funeral director Otha F. Sharpless Address Blaine, W. Va. 19. 5-12- 1944 UWBayuek	Means of injury Injured at work? 23. SIGNATURE MADE MADE M. D. or	5-13-46		



Loor Core, Durries Co., st.

, the sale that we

EAST VACE . T. ST.

.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9330 CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland. State Rural Deer Park City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number			
Scott Harvey				
Male White Widowed Male White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH May 12, 1946 ,11:30P M			
6.(b) Name of husband or wife. Lucinda Hamill Harvey 6.(c) It alive, give age years 7. Birth date of August 31, 1873	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 Oct 19 10 12 May 19 40 19			
ueccaseu (mo., ua), ji./	Immediate cause of death			
8. AGE: Years Months Days It less than one day 12	Myrandial faulure: 6 mis.			
9. Birthplace Garrett Co., Md. (Town, county, and state) 10. Usual occupation Farmer 11. Industry or business Own Farm	Due to. Certerio Selenaceis			
12. Name Michael Sims Harvey 13. Birthplace Garrett Co., Md.	Other conditions			
14. Maiden name Mary Susan Moon 15. Birthplace Garrett Co., Md. Grant Harvey	(Include pregnancy within 3 months of death) Major findings of operations. Bate of op.			
Grant Harvey Address Davis, W. Va.	Autopsy results			
Burial (Burial, cremation, or removal, White) (Burial, cremation, or removal, White) (Burial, cremation, or removal, White) (Cometery or crematory) (Cometery or crematory) (Deep Park, Md. Location)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide			
18. Funeral director Carles Agricon Address Oakland, Md. 18	23. SIGNATURE Quelius E. Many M. D. or other Address Dahland M.S. Bate signed 13 May 46			

MAY 15 1946
BUREAU V. S.

11:808

And the second of the second of

101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

04866

Street No. ((If rural, give LOCATION) 3. (a) FULL NAME Elizabeth Legeer 4. Sex S. Color or race B. (a) Single, married, widowed, or diverced with the widowed or wint. John Legeer Sr. B. Birth date of deceased (no. day, yr.) March 2, 1867 8. AGE: Years Months Days It less than one day 79 2 13 hrs. min. 9. Birthplace Bittinger (Garrett) Maryland file. Maryland (Trows, county, and state) 10. Usual occupation. Housewife 11. Birthplace Not Known 15. Birthplace Not Known 15. Birthplace Not Known 16. Ingreat, March 2, 1846 17. Birthplace Not Known 18. Informant John Legeer 19. Birthplace Not Known 10. Usual occupation. Baltinger, Md. 10. Usual occupation. Baltinger, Md. 11. Burial 12. Name Thomas Bouser 13. Birthplace Not Known 15. Birthplace Not Known 16. Ingreat, county, seed attach (nonth) (day) (year) (Citro town) (County) (State of Maryla) (Citro town) (County) (State of Maryla) (City or town) (County) (County) (County) (City or town) (County) (City or town) (County) (County) (City or town) (City or town) (City or town) (City or town) (City or to		Reg. Dist. No. A				
City or town. Bittinger. Maryland. Row long in above place of dealth. Row long in above place of dealth. Row long in happital or institution, or street address where death occurred: Row long in happital or institution. Row long in happital or institution.		(For newborn infants give residence of mother)				
3. (b) Social Security Number Security Number	City or town. Bittinger, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? (4.) weeks	City or town Rural Near Bittinger Md (If outside city or town limits, write RURAL and givs nesrest town) Street No.				
### Female S. Color or race	How long in hospital or Institution?	2.(a) If veleran, name war				
### Sex 5. Color or race 5.		3. (b) Social Security Number				
8. (b) Name of husband or wisk John Liegeer Sr. 1. Birth date of deceased (mo. day, yr.) March. 2, 1867 8. AGE: Years Months Days It less than one day 79 2 13 hrs. min. 9. Birthplace Bittinger (Garrett) Maryland (Town, county, and state) 10. Usual occupation. Housewife. 11. Industry or business 12. Name. Thomas Bouser 13. Birthplace Not Known 14. Maiden name. Anna E. Guthrie. 15. Birthplace Not Known 16. Informant John Legeer Address Bittinger, Md. 17. Burial (Barial, cremation, or removal, Wobich) 18. Burial (Barial, cremation, or removal, Wobich) Cemetery or crematory. Cemetary (County) (State 21. CSATIFY that dealh occurred on the date above slated: thal lattended deceased from 19. Special state of death and the last saw h. Information of death a	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced					
9. Birthplace Bittinger (Garrett) Maryland (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business 12. Name Thomas Bouser 13. Birthplace Not Known 14. Malden name Anna E. Guthrie 15. Birthplace Not Known 16. Informant John Legeer Address Bittinger, Md. 17. Burial (Barial, cremation, or removal, Wbich?) Cemetery or crematory. Cemetary Due to Due to Unclude pregnancy within 3 months of death) Major findings of operations. Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistic. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of op. Where did injury occur? (City or town) (County) (State	7. Birth date of deceased (mo., day, yr.) March • 2, 1867	21. I CENTIFY that death occurred on the date above stated; that Lattended deceased from 1943 to May 1943 end that I last saw h 10. alive on 11 acq. 1944				
9. Birthplace Bittinger (Garrett) Maryland (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business 12. Name Thomas Bouser 13. Birthplace Not Known 14. Malden name Anna E. Guthrie 15. Birthplace Not Known 16. Informant John Legeer Address Bittinger, Md. 17. Burial (Burial, cremation, or removal, Wbich?) Cemetery or crematory. Cemetary Due to. Due to. Uinclude pregnancy within 3 months of death) Major findings of operations. Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistic 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. Where did injury occur? (City or town) (County) (State	79 2 13hrsmin.					
14. Malden name	1D. Usual occupation Housewife 11. Industry or business	Due to				
14. Maiden name Anna E. Guthrie 15. Birthplace Not Known 16. Informant John Legeer Address Bittinger, Md. 17. Burial (Barial, cremation, or removal. Which?) Cemetery or crematory. Cemetary Major findings of operations. Major findings of operations. Major findings of operations. Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistic. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State	12. Name. Thomas Bouser 13. Birthplace Not Known					
16. Informant John Legeer Address Bittinger, Md. Burial (Barrial, cremation, or removal, Wbich?) Cemetery or crematory. Cemetary Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistic. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State	14. Malden name Anna E. Guthrie	Major findings of operations.				
	Address Bittinger, Md. Burial (Burial, cremation, or removal, Wbich?) Burial (Burial, cremation, or removal, Wbich?) Burial (Burial, cremation, or removal, Wbich?)	PHYSICIAN: Please anderline the cause to which death should he charged statistically.				
	Location Bittinger, Md.	Injured at home, farm, industry, public place (where?)				
Address Grantsville, Maryland 23 SIGNATURE / A Davis M. K		M & Davis W.D.				

MAY 18 1946
BUREAU V. S.

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CEDTICICATE OF DEATH

		40		7,	/	/
4	Reg.	Diat.	No		6	Ю

CERTIFICA	IE OF DEATH Rog. Diat. No.
1. PLACE OF DEATH: Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland county Garrett City or town. Oakland, Md., Houte (If outside city or town limits, write RURAL and give nearest town) Street No
Keyser Home, Mt. Lake Park, Md. How long in hospital or institution? Three Weeks.	(If rural, give LOCATION) 2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number None
James Mackin. 4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single.	20. OATE OF DEATH. May 16th 19.46 ,29:00 M
6.(b) Name of husband or wife	21. I CERTIES that death occurred on the date above atated; that I attended deceased from P 13 15 16 16 16 16 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If less than one day	Immediate cause of death Mayoraschal failure Duration 2 days
9. Birthplace. Oakland, Maryland. (Town, county, and state) 10. Usual occupation. Retiped Farmer. 11. Industry or business 12. Name. John Mackin. 13. Birthplace Ireland,	Due to Magnardial Segeneration berses. Due to Certerio Sclerazeo Gyps: Other conditions.
14. Malden name Mary Treacy. 15. Birthplace Ireland.	(Include pregnancy within 3 months of death)
15. Birtholace Ireland.	Major findings of operations
John Foley. Address Oakland, Md. Route.	Autopsy results
Burial Burial Date thereof May 20/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory St. Peters Cemetery Location Oakland, Md.	Where did injury occur?
18. Funeral director Engray N. Balden. Address Rahland. Md.	Maana of Injury Injured at work? 23. SIGNATURE Curclus 5. have M.D. or other
19. (Date rec'd by registrar) Registrar	Address Palcland. Sud Dato aigned 18 May 46

RECUIVED

MAY 29 1946

BUREAU V. S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 527

CERTIFICATE OF DEATH

(4868

1. PLACE OF DE.	AŢH:			2. USUAL RESIDENCE (For newborn infants giv	HOME) OF	DECEASED:	
County	Tolco Do	22]=	•••••••	State Maryland. County Garrett			
City or town	and the sides on forces	mita mrita H	URAL and give nearest town)	Mt. Lak	re Park	ζ	
				City or fown Mt . Lak	or town limits,	write RURAL and give	nearest town)
Hospital, Institution, or	street address where	death occurred	:	Street No.		*******************************	0.000
				•	(If rural, give)	LOCATION)	
How long in hospital or	Institution?			2.(a) If veteran, name war		***************************************	***********
3. (a) FULL NAM	E					3. (b) Social Secur	ity Number
Eulal	lia Eller	n (Whi	te) Moreland				
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEI	DICAL CE	ERTIFICATION	
Female	White	Wi	dowed	20. DATE OF DEATH. May	7,	1946	8:25P
	James	More	land	21. I CERTIFY that death occurred			
6.(b) Name of husband	or wire			··· 1/15	194	15, 10 5/7	19//
7. Birth date of	3.7 9	6.(c) It alive, give ageye	and that I last saw her ally	VB OR 5/	7	1946
deceased (mo., day,	m) March	0, 10		Immediate cause of death	econo	dary anen	DURATION
8. AGE: Year		Days	It less than one day				1200
8.	1 2	2	hrs	In.			
A	Preston	Co. V	. Va.	Due to Demarka	ges Iso	m sight	day / min
9. Biringiace	(Town	county, und	/ Va	or bladder.	/		
10. Usual occupation.	House W:	ife	78.00.8 88.00.00.00.00.00.00.00.00.00.00.00.00.0	Due 10 Ptoses, pyel	itis, of	robally	36 yrs.
11. Industry or busines	. Own Hor	ne		_ carcinoma of	- 11 1.	w	6 2000-
			je	Other conditions		e heart	20 yrs.
	Garrett			1 1 1 1 1 1	L Adam	gestive fail	ne 2 cots
				(Include pregn	nancy within 3/1	nonths of desth)	
14. Malden name.				Major findings of operations			
			Md.				
16. Interment Mi	ldred For	rd		Autopsy results			and statistically
Address	Mt. Lake	e Parl	r. Md.	PHYStCIAN: Please underline			rged statisticany.
Dunie	1			22. VIOLENCE: If death was du			
(Burial, cremation	or removal. Which	Date the	month) (day) (year)	Accident, suicide, or homicide			
Cemetery or cremat	White	Cemete	ery	Where did injury occur?	(City or town)	(County)	(State)
	•	W. Mi	Lake Park,	Mc Injured at home, farm, lodustry,			
Location	4/1/	10	D. D.	Means of Injury		Injured at work?	
18. Funeral director	Yerley	(> 0	Regulon			- 5	-
Address	Oakland	Mary	rland.	- dlan	old.	10 Milles	ma
51 1	1 ,1,		1 1	23. SIGNATURE		M	D. or other
19. (Date rec'd by re	19. 7. 9	o per	in was	rar Address EG Co	m. a	Va . Date sig	med 5/10/46

TO A ILL TO SITA DIFFERENCE

MAY 15 1946

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-2)

CERTIFICATE OF DEATH

			1.	X	0	1)	11	/
I A .	1					1	/	6
X		Reg.	Diat.	No	/.		0	~

MARKO

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED:			
County		nle	***************************************	(For newborn infants give residence of mother) Slate Maryland. County Garrett			
City or town(If or	itside city or town	limits, write	RURAL and give nearest town)	Mt Taka Pank	***************************************		
How long in above place	of death? / 6	yrs.	***************************************	Cliy or town (If outside city or town limits, write RURAL and give no	earest town)		
Hospital, Institution, or	street address where	e death occurre	ed:	Sireet No.			
***************************************	······		***************************************	(If rural, give LOCATION)			
How long in hospital or			***************************************	2.(a) If veteran, name war	1 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
3. (a) FULL NAME		# 43/F		3. (b) Social Security	Number		
H	ester Ar	ın Pau	gh				
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female	White		idowed	2D. DATE OF DEATH May 23, 1946 19	11:00A		
6.(6) Name of husband o	r wife Benja	mine	F. Paugh	21. I CERTIFY that death occurred on the date above stated; that I attended dec	eased from		
7. Birth date of		6.	(c) If allve, give ageyears	5-22-46 5-2			
deceased (mo., day, yr) March	1 3, £	946 1870	and that I last saw halive on			
8. AGE: Years 76	Months 2	Days 20	If less than one day	l-Cerebral Hemorrhage	2 days		
G.	nnet+ (70 10	•	Arthitis Deformans	10 yrs		
	arrett (, county, and	state)	Due to.			
10. Usual occupation	Jourse Wi	lfe					
11. Industry or business		ne		Due to	**		
	n Murra		te		**		
12. Name JOJ				Diher conditions	-		
	71128 FT	len M	oon	(Include pregnancy within 3 months of death)			
14. Malden name		TTCII IVI	0 011	Major findings of operations.			
14. Malden name 15. Birthplace 16. Informant	arrett	CO.,	Ma.	Date of op.	00000-000000000000000000000000000000000		
16. Informant Ra	Paugh	********	***************************************	Autopsy results			
Address Mt.	Lake F	ark,	Md.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.		
17 Burial			May 25, 1946	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, cremation,	or removal. Which?	Date ther	end (month) (day) (year) emetery	Accident, suicide, or homicide			
Cemelery or crematory	Oak GI	ove C	emetery	Where did injury occur?	(Stata)		
Location	Mi. No	orth G	onman. Md.	Injured at home, farm, Industry, public place (where?)			
Zoodiion	1 / 1	A	PSIBLE	Means of Injury Injured at work?			
1B. Funeral director			reconon		5		
Address O8	kland,	Md.		23. SIGNATURE EMPLEMENTAL SALVEN	20025		
May 2	4 .4	2 /2	lia O. Noum-	23. SIGNATURE 5-25-1/6 M. D.	or other 24		
(Date rec'd by regi	strar)	//	Registrar	Address Date signed.	5-25-46		

JUN 5 1946
BUREAU V. S.

VS A15

M	A	DVI	AND	CTATE	DEPARTMENT	OF	MEALT
IVI	А	KIL	AND	SIAIL	DEPARTMENT	UP	Hr.Al.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



		CERTIFICA	E OF BEATH	Reg. Diet. No	***************************************
1. PLACE OF DEATH: Gounty Garrett			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of		
Diana	7 7	Park	State Maryland Con	Garrett	90×0×0×000001001000000001×04
(If o	utside city or town li	Park mits, write RURAL and give nearest town)	Rural Deer F	ank	
How tong in above place	of death?	ars	City or town Rural Deer F	s, write RURAL and give neare	st town)
Hospital, institution, or	street address where	death occurred:	Street No. 5 Mi. South De	er Park	
***************************************		***************************************	(If rural, give	LOCATION)	
How long in hospital or institution?			2.(a) It veteran, name war	***************************************	*******
3. (a) FULL NAME				3. (b) Social Security No	umber
Annie	Elizabe	th Riley			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	White	Widowed	20, DATE OF DEATH May 3,	1946,	7:00A. M
6.(b) Name of husband	or wife	m G. Riley	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended decease	ed from
			Yan 19.	43 to May 3	19.7.6
7. Birth date of		ery 26, 1872	and that last saw halive on	4mm	19
deceased (mo., day, y	1.7		Immediate cause of death		DURATION
8. AGE: Years		Days If less than one day	Ω		
74	2	7hrsmtn.	Corney Thumbr	no .	000000000000000000000000000000000000000
Gar	rett Con	inty. Maryland.			000000000000000000000000000000000000000
9. Birthplace	(Town,	eounty, Maryland.	Due to.	acate -	·
	House Wi	fe			
10. Usual occupation			Due to.		.7
11. Industry or business Own Home			Applean		
E 12. Name Jac	K Bower.		Other conditions		<i>y</i>
₹ 13. Birthplace	/irginia.		arthutis		<i>'</i>
E 14. Malden name Martha Sigler			(Include pregnancy within 3		
TOV SE Bladbalana	Barton,	Md.	Major findings of operations		
14. Malden name Martha Sigler 15. Birthplace Barton, Md. 16. Informant Audley Riley				Date of op	
Address R. D. Deer Park, Md.			Autopsy results		
			22. VIOLENCE: It death was due to external cau	uses, till in the following:	
Burial Bate thereot May 5, 1946 (Burial, cremation, or removal, Which)			Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory White Church Cemetery					
			Where did injury occur?(City or town)	(County) ((State)
Ryans/Glade Section; Garrett Co.			Injured at home, tarm, industry, public place (w	here?)	
			Means of Injury	Injured at work?	
			1 1 n. 0	1	^
Address Oakland, Md.			23. SIGNATURE SLAUL CA	landella M.	ربو
19 May 4 19 4 6 Julia Morran			114 %	M. D. 05	other
(Date rec'd by res	gistrar)	Registrar	Address Elynler	Date signed	4-41

KECHIVISO

MAY 15 1946

BUREAU V. M.

. I remain the second

and a paint of the last of the

MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Real

CERTIFICATE OF DEATH

		148	71,	1
*	Reg.	Diat. No.	16	6

1. PLACE OF DEATH: County Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Near Prostburg Route 40 on way	State Maryland. County Garrett		
City or town to (Cump erol am timit for particul give nearest town)	Mt. Lake Park		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
Hospital, institution, or street address where death occurred:			
·			
How long in hospital or institution?	. 2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
James Richard Roy	213-16-9777		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. GATE OF DEATH May 15, 1946 7:00A.		
Susie L. (Fulmer) Roy	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	13 Jeb. 19 46, 10 15 Thay 1846		
7. Oirth date of October 27 7. Oirth date of Total Company 27 7. Oirth date oirth date of Total Company 27 7. Oirth date of Total Company 27 7	and that I last saw h. Associative on 15 May 46 19		
deceased (mo., day, yr.) October 21, 1868	Immediate cause of death DURATION		
8. AGE: Years Months Quys It less than one day 24	Cerebral heumhage zter		
hrsmln.			
Preston Co., W. Va.	Que to Fractured stell 2 hrs		
9. Birthplace			
16 Heual accumation	Muse endra Tailure 6 x100		
11. Industry or business Grocery Store	Jue 10		
E 12. Name Charles J. Roy			
Charles J. Roy 12. Name. Virginia.	Other conditions		
	(Include pregnancy within 3 months of death)		
Lavina Mason 14. Malden name Unknown 15. Birthplace	Major findings of operations		
	Oate of op.		
16. Intermant Richard Roy	Autopsy results		
Address Mt. Lake Park, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Runial May 17 1946	22. VIOLENCE: If death was due to external causes, till in the following:		
(Burial, cremation, or removal, Which?) Pleasant Pleasant Valley Cemetery	Accident, suicide, or homicide		
Cemetery or crematory Pleasant Valley Cemetery	Where did injury occur? He Lake Part Parsett 2nd		
2 mi. So. Mt. Lake Park. Md.	(City or town) (County) (State)		
Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Verhert & Leighton	Means of Injury Fael accountal injured at work?		
Address Oakland, Md.	10.5/4. 80		
AUDITOS III	23. SIGNATURE Conscient 2. Many M.D. or other		
19. 2/16/ 1946 Julia / awan	Oakland Med and 16 Man		

RECITEDI

MAY 29 1948

BUREAU V.E.

TORE OF HOLE

Section of the section of the section of

A CONTRACT OF THE RESIDENCE OF THE PARTY OF

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-ca

114672 //6

CERTIFICATE OF DEATH Reg. Diat. No				
1. PLACE OF DEATH: County Garrett County Rural Oakland, Md. City or town (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Fannie Luella Savage 4. Ser 5. Color or race 6. (a) Single, married, widowed, or divorced Female White Married	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland. County. City or fown. City or fown. City or fown. (If outside city or town limits, write RURAL and give nearest town) 2 Mi. So. Oakland (If rural, give LOCATION) 2.(a) It veteran, name war. MEDICAL CERTIFICATION Oarzoa			
6.(6) Name of husband or wife Savage 6.(6) It alive, give age 66 7. Birth date of secosed (mo., day, yr.) September 27, 1890	2D. DATE OF DEATH May 26, 1946 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1945, to 26 May 1946 and that I last saw h. M. alive on 26 May 1946			
55 8 hrs. mln. 9. Birthplace Garrett Co., Md. 10. Usual occupation. 11. Industry or business Own Home 12. Name. Clinton Morgan 13. Birthplace Garrett Co., Md. 14. Maiden name. Nancy Sonders 15. Birthplace Garrett Co., Md.	Bue to Due to Cinclude pregnancy within 3 months of death)			
Garrett Co., Md. 18. Informant John Savage Address Oakland, Md. Burial Barial Bate thereof (Burial, cremation, or removal, Which?) Cemetery or crematory Location J. So. Oakland, Md. 18. Funeral director Vellet P. Leaf Md. Address Oakland, Md.	Major findings of operations. Date of op. Autopsy results. PHYStCIAN: Ptease underline the cause to which death should be charged statistically. 22. VtOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (Stato) Injured at home, farm, industry, public place (where?) Means of injury 1 injured at work?			
19. 2 7 19 4 & Keelia Town Registrar	Do lol N. 1 M. D. or other			

HTMAN TO TRANSMAND TRAIN OF THE

DERENGATE OF DEATH

salathir money limb

Datament of the second

aneral.

RECEIVED

JUN 5 1946

BUREAU V.B.